



General Assembly

February Session, 2014

***Raised Bill No. 413***

LCO No. 2057



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
RECOMMENDATIONS REGARDING MEDICAL ORDERS FOR LIFE-  
SUSTAINING TREATMENT.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. (*Effective from passage*) (a) The Commissioner of Public  
2       Health may, within available appropriations, establish a pilot program  
3       in one or more geographic areas in the state to implement the use of  
4       medical orders for life-sustaining treatment by health care providers.  
5       For purposes of this section: (1) "Medical order for life-sustaining  
6       treatment" means a written medical order by a physician, advanced  
7       practice registered nurse or physician assistant to effectuate a patient's  
8       request for life-sustaining treatment when the patient has been  
9       determined by a physician to be approaching the end stage of a  
10      serious, life-limiting illness or is in a condition of advanced, chronic  
11      progressive frailty; and (2) "health care provider" means any person,  
12      corporation, limited liability company, facility or institution operated,  
13      owned or licensed by this state to provide health care or professional  
14      services, or an officer, employee or agent thereof acting in the course  
15      and scope of his or her employment.

16 (b) The Commissioner of Public Health may establish an advisory  
17 group of health care providers and consumer advocates to make  
18 recommendations concerning the pilot program described in this  
19 section. The members of such advisory group may include one or  
20 more: (1) Physicians, (2) advanced practice registered nurses, (3)  
21 physician assistants, (4) emergency medical service providers, (5)  
22 patient advocates, including, but not limited to, advocates for persons  
23 with disabilities, (6) hospital representatives, or (7) long-term care  
24 facility representatives.

25 (c) Prior to commencement of the pilot program pursuant to this  
26 section, said commissioner may contact a representative of each health  
27 care institution, as defined in section 19a-490 of the general statutes, a  
28 representative of each emergency medical service organization, as  
29 defined in section 19a-175 of the general statutes, any physician  
30 licensed under chapter 370 of the general statutes, any advanced  
31 practice registered nurse licensed under chapter 378 of the general  
32 statutes and any physician assistant licensed under chapter 370 of the  
33 general statutes in the geographic area in which the commissioner  
34 intends to establish the pilot program to request such institution's,  
35 organization's, physician's, advanced practice registered nurse's or  
36 physician assistant's participation in the pilot program. Participation  
37 by each institution, organization, physician, advanced practice  
38 registered nurse or physician assistant shall be voluntary.

39 (d) Patient participation in the pilot program shall be voluntary.  
40 Any agreement to participate in the pilot program shall be made in  
41 writing, signed by the patient or the patient's legally-authorized  
42 representative. Such agreement shall be maintained by the health care  
43 institution, emergency medical services organization, physician,  
44 advanced practice registered nurse or physician assistant that  
45 presented such agreement to the patient and shall be made available to  
46 the commissioner upon request.

47 (e) Notwithstanding the provisions of sections 19a-495 and 19a-580d

48 of the general statutes, and regulations adopted thereunder, the  
49 Commissioner of Public Health shall implement policies and  
50 procedures for any pilot program established in accordance with this  
51 section to ensure that: (1) Medical orders for life-sustaining treatment  
52 are transferrable among, and recognized by, various types of health  
53 care institutions; (2) any procedures and forms developed for  
54 recording medical orders for life-sustaining treatment require the  
55 signature of the patient or the patient's legally authorized  
56 representative on the medical order for life-sustaining treatment and  
57 the patient or the patient's legally authorized representative is given a  
58 copy of any such order immediately after signing such order; (3) prior  
59 to requesting the signature of the patient or the patient's legally  
60 authorized representative on such order, the physician, advanced  
61 practice registered nurse or physician assistant writing the medical  
62 order discusses with the patient or the patient's legally authorized  
63 representative the patient's goals for care and treatment and the  
64 benefits and risks of various methods for documenting the patient's  
65 wishes for end-of-life treatment, including medical orders for life-  
66 sustaining treatment; and (4) each physician, advanced practice  
67 registered nurse or physician assistant that intends to write a medical  
68 order for life-sustaining treatment receives training concerning: (A)  
69 The importance of talking with patients about their personal treatment  
70 goals; (B) methods for presenting choices for end-of-life care that elicit  
71 information concerning patients' preferences and respects those  
72 preferences without directing patients toward a particular option for  
73 end-of-life care; (C) the importance of fully informing patients about  
74 the benefits and risks of an immediately-effective medical order for  
75 life-sustaining treatment; (D) awareness of factors that may affect the  
76 use of medical orders for life-sustaining treatment, including but not  
77 limited to: Race, ethnicity, age, gender, socioeconomic position,  
78 immigrant status, sexual minority status, language disability,  
79 homelessness, mental illness and geographic area of residence; and (E)  
80 procedures for properly completing and effectuating medical orders  
81 for life-sustaining treatment.

82 (f) After the termination of the pilot program, said commissioner  
 83 may submit a report, in accordance with the provisions of section 11-4a  
 84 of the general statutes, to the Governor and the joint standing  
 85 committee of the General Assembly having cognizance of matters  
 86 relating to public health concerning the pilot program.

87 (g) Said commissioner may implement policies and procedures  
 88 necessary to implement the pilot program while in the process of  
 89 adopting such policies and procedures in regulation form, in  
 90 accordance with chapter 54 of the general statutes, provided the  
 91 commissioner holds a public hearing prior to implementing such  
 92 policies and procedures and prints notice of the intent to adopt  
 93 regulations in the Connecticut Law Journal not later than twenty days  
 94 after the date of implementation of such policies and procedures.  
 95 Policies implemented pursuant to this section shall be valid until the  
 96 time final regulations are adopted or until the pilot program  
 97 terminates, whichever occurs earlier.

98 (h) Any pilot program established in accordance with this section  
 99 shall terminate not later than October 1, 2015.

This act shall take effect as follows and shall amend the following sections:		
Section 1	from passage	New section

Section 1	from passage	New section
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**Statement of Purpose:**

To implement the Department of Public Health's recommendations regarding the establishment of a pilot program to implement the use of medical orders for life-sustaining treatment.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*